



Utilities Department
Permit Processing (425) 452-6800

WATER SERVICE APPLICATION (UC)

Application Date: _____	Intake Tech: _____	Application # _____	<input type="checkbox"/> Open <input type="checkbox"/> Issue
SECTION A: To be completed by applicant (type or print legibly with ink)			

NOTE: BILLING FOR WATER AND SEWER, IF APPLICABLE, WILL BEGIN ON THE DATE THE METER IS INSTALLED

1. **Property Address** _____ Zip _____

Is property in Unincorporated King County? YES NO (circle one) If property is in Medina, Clyde Hill, Hunts Point, or Yarrow Pt an issued ROW Permit, when needed, is required prior to submittal.

Project Name (if applicable) _____

2. **Applicant** _____ Phone (_____) _____

Address _____ City _____ St _____ Zip _____

3. **Contact Person** _____ Phone (_____) _____

Address _____ Suite # _____ City _____ St _____ Zip _____

4. **Legal Description** _____

(If short plat, list plat plus lot #, if subdivision, list name, block & lot #; if unplatted, attach complete legal description)

5. **King County tax Assessor's #** _____

I certify that I am the owner or owner's authorized agent. If acting as an authorized agent, I further certify that I am authorized to act as the Owner's agent regarding the property at the above-referenced address for the purpose of filing applications for decisions, permits, or review under Land Use Code and other applicable Bellevue City Codes and I have full power and authority to perform on behalf of the Owner all acts required to enable the City to process and review such applications.

I hereby certify that the information on this application furnished by me is true and correct and that the applicable requirements of the City of Bellevue, RCW, DOE, and the State Environmental Policy Act will be met.

Signature _____ **Date** _____
(Owner or Owner's Agent)

SECTION B: To be completed by the City of Bellevue

Sub:	<input type="checkbox"/> Commercial	<input type="checkbox"/> Multi-family	<input type="checkbox"/> Single family		
Work Proposed:	<input type="checkbox"/> DI- Drop In	<input type="checkbox"/> SA- Service Abandonment	<input type="checkbox"/> SI-Service Installation	<input type="checkbox"/> SU-Service Upgrade	
Backflow Device;	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Fire	<input type="checkbox"/> Irrigation	
ROW Permit:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Permit #		
Located in King County	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
Meter Size:	<input type="checkbox"/> 0.75	<input type="checkbox"/> 1.00	<input type="checkbox"/> 1.50	<input type="checkbox"/> 2.00	<input type="checkbox"/> 2.00 Turbo (Fire or Irrigation)
Meter Type:	<input type="checkbox"/> D - Domestic	<input type="checkbox"/> F-Fire	<input type="checkbox"/> I-Irrigation		
Pavement Restoration:	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
CRC:	<input type="checkbox"/> YES	<input type="checkbox"/> NO			Fee Should Be: \$
CWA RCFC	<input type="checkbox"/> YES	<input type="checkbox"/> NO	CERU Credits _____		
Well Disconnect:	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
Sewer Service;	<input type="checkbox"/> Bellevue Sewer	<input type="checkbox"/> Septic	<input type="checkbox"/> Other Sewer		
Combo Domestic/Fire:	<input type="checkbox"/> YES	<input type="checkbox"/> NO			

Connection Charge Name _____ **Connection Charge Total \$** _____

Connection Charge Speedi code _____ **Calculation** _____

Special Instructions: (enter in description box) _____

Signature – Development Review Coordinator, City of Bellevue, Utilities Department

Date

02/02/2009

Permit/Approval #

Your application is a type that has billable (or potentially billable) hours. That means you may receive bills in the mail for review or inspection time spent on your project — in addition to the fees you pay at submittal or will be required to pay at or prior to issuance.

If this is a City project, complete only the bottom portion of the form.

Please send the bills to:

Name/Company: _____

Attention: _____

Billing Address: _____

City, State, and Zip: _____

10-digit Phone #: _____

- For address changes: Notify the Billing Administrator (425-452-6860).
- For ownership changes: The new owner must provide the billing administrator with the ownership transfer date before any billing information can be changed. We will need to know who is responsible for any outstanding charges.

CIP or Work Order Number: _____

City Project Information

King County Project Information

Check One	Department	Row Sequence #	Check One	Agency	PO #	Row Sequence #
	COB Parks	294978		Bellevue Schools		114044
	COB Transportation	295060		KC Dept Of Trans	KC 100	541675
	COB Fire	295099		KC Solid Waste	KC 200	568614
	COB Utilities	295034		KC Wastewater	KC 300	296434
	COB Info Services	532938		City of Redmond		541621
	COB Arts	532935		Issaquah Schools		308963
	COB Info Tech	552341		Sound Transit		552268
	COB Facilities	295032				

Project Manager: _____ Phone Number: _____